

NORTHERN ARIZONA UNIVERSITY

BLUE PREFERRED PPO PLAN

BENEFIT CHANGES EFFECTIVE 10/1/2004

DIABETES TRAINING/EDUCATION; ASTHMA TRAINING

Precertification is no longer required for outpatient diabetes training/education and asthma training.

HOSPICE SERVICES

Precertification is no longer required for inpatient hospice services, however, inpatient services unrelated to hospice must be precertified.

INPATIENT REHABILITATION

In addition to the 90 days coverage at regular contract benefits, another 60 days is available for a higher out-of-pocket cost share.

NEUROPSYCHOLOGICAL AND COGNITIVE TESTING

The limitation of 10 hours of testing will no longer apply.

PROSTHETIC APPLIANCES AND ORTHOTICS

1. The annual wig benefit for alopecia (absence of hair resulting from illness or injury) has been increased to a \$300 maximum benefit.
2. Coverage for therapeutic shoes (extra-depth or custom-molded) along with inserts, for individuals with diabetes (in accordance with BCBSAZ coverage criteria) has been added to the orthopedic shoe benefit.

SKILLED NURSING FACILITY

In addition to the 90 days coverage at regular contract benefits, another 90 days is available for a higher out-of-pocket cost share.

TEMPOROMANDIBULAR JOINT SYNDROME (TMJ)

The \$1,000 lifetime maximum per subscriber for services related to the diagnosis and/or treatment of TMJ syndrome will no longer apply.

TRANSPLANTS-ORGAN-TISSUE-BONE AND STEM CELL PROCEDURES

1. Precertification is no longer required for the initial consultation/evaluation.
2. In addition to existing exclusions, there is no coverage for:
 - Expenses in relation to donation of an organ to a recipient who is not covered by BCBSAZ.

CONTRACT MAXIMUM

The contract benefit maximum has been increased from \$2,000,000 to \$3,000,000.

WHAT IS NOT COVERED

In addition to existing exclusions, there is no coverage for:

- Genetic/chromosome testing and screening – genetic/chromosomal testing of an asymptomatic or unaffected individual or an individual not displaying signs or symptoms of a suspected or specific inherited disorder.
- When a provider is also the covered person, services rendered by that provider for him/herself are excluded from coverage.

Blue Cross Blue Shield - Northern Arizona University

Effective 10/01/2004 to 09/30/2005

Level of coverage	Employee Premium (per month)	Premium Paid by NAU (per month)	Total Monthly Premium
Employee Only	15.00	430.14	\$ 445.14
Employee & Family	115.00	1028.64	\$ 1,143.64